NMPASI

NORTHERN MARIANAS PROTECTION & ADVOCACY SYSTEMS, INC.

PO Box 503529, Saipan, MP 96950 Tel. Nos.: (670) 235-7273/4 - Fax: (670) 235-7275

GRIEVANCE PROCEDURE

If you have a complaint, or you think Northern Marianas Protection & Advocacy Systems, Inc (NMPASI) is not treating you fairly, you may file a grievance.

If you are a client of Northern Marianas Protection & Advocacy Systems, Inc (NMPASI) or are asking for help from NMPASI, you have the right to file a grievance if you are not satisfied with the services you are getting.

In addition, if you have received or are receiving mental health services and you feel that NMPASI is not following federal protection and advocacy laws for people with mental illness, you may file a grievance. If you are a family member or the representative of such a person, you also may file a grievance.

A report will be made, least annually, to the governing authority and the PAIMI Advisory Council describing the grievances received and processed, and their resolution, including those that are being appealed to the governing authority.

HOW CAN YOU FILE A GRIEVANCE ABOUT NMPASI?

You can file a grievance in writing or by phone within fifteen (15) days of the action or decision that you are complaining about. If you need help in filing a grievance, any NMPASI staff person can assist you with this process. When you file your grievance, you will need to give NMPASI this information:

- **Your name, address, and phone number where NMPASI can reach you.** Let NMPASI know the best way to communicate with you. For example, if you need large print or if you prefer email communication, let NMPASI know.
- **If the grievance is on behalf of a family member**, give that person's name, address and phone number. Tell how you are related to that person and if you are that person's legal representative such as a parent of a minor or a guardian.
- **Why are you filing the grievance?** What did NMPASI do or not do? When did this happen? If the grievance is about how NMPASI operates its programs, describe your concern.
- **What do you want NMPASI to do now?** What would you like to see happen?
- **What deadlines should NMPASI know about**, especially those that are in the near future?

SUBMIT YOUR GRIEVANCE BY MAIL, EMAIL, OR PHONE.

Mail to:
Northern Marianas Protection & Advocacy Systems, Inc
PO Box 503529
Saipan, MP 96950

Email: gborja@nmpasi.org or etilipao@nmpasi.org or cnening@nmapasi.org

Phone:
(670) 235-7273 or 7274
Call between 9:00 a.m. and 12 p.m, or between 1:00 p.m. and 4:00 p.m. Monday through Friday.
Give your grievance information to the staff member on the phone.

HOW GRIEVANCES ARE REVIEWED?
NMPASI tries to address all grievances by talking with you about your issue. Your grievance may go through three levels of review to find a solution.

First level is with the supervisor of the person handling your case. Within Three (3) days, this person will talk with you about how to settle your grievance and will investigate your concern. This person will make a decision within ten (10) days and present it to you in writing. If you are not satisfied with the decision, you can appeal within fifteen (15) days by phone or in writing.

Second level is with the Executive Director. When you appeal, explain what you do not like about the supervisor's decision. The Executive Director will review the decision, your reason for an appeal, and will make a decision within ten (10) days. You will receive this decision in writing. If you are unhappy with the Executive Director's decision, you can appeal this decision within fifteen (15) days.

Third level is with the Board of Directors. You can appeal the Executive Director's decision within fifteen (15) days by phone or in writing. The Board of Directors meets 4 times per year. After their review, they will vote on what recommendation to make to the full board at their next regularly scheduled board meeting or call for a Special Meeting to address grievances. The Board of Directors will then make the final determination of the grievance.

All individuals involved in reviewing your grievance will keep your information confidential.

DECLARATION

I hereby declare that I have read the above and/or have had it explained to me by _____, NMPASI staff member.

SIGNATURE:_____
DATE:_____